



## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective November 10, 1998								09/224,558						
		CLA		S FILED Column 1)	- PA		umn 2)		SMAL	L ENTITY	OF		R THAN	
F	OR		NUMB	ER FILED		NUMBER	EXTRA	lı	RATE	FEE	7	RATE	FEE	
В	ASIC FEE									380.00	OF	<b>\</b>	760.0	
T	OTAL CLAIMS		27	minus	20=	* 7			X\$ 9=		OF	12		
IN	DEPENDENT C	LAIMS	9	minu	s 3 =	· · · Co		}	X39=	+	$\exists$	-	468	
М	ULTIPLE DEPE	NDENT (	CLAIM P	RESENT		Ψ					OF		408	
* 1	f the difference	e in colu	mn 1 is	less than a	ero e	enter "O" in	column 2		+130=		OF	+260=		
Ī							column 2		TOTAL	-	OR	TOTAL	350	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OR		THAN ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total -	*		Minus	**		=	ſ	X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***	_	=	┢	X39=		1	V70		
_	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DE	PEND	ENT CLAIM		┢		<del> </del>	OR	\	<b></b>	
						•		L	+130=		OR	+260=		
								AE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
			mn 1)			olumn 2)	(Column 3)							
AMENDMENT B		REMA	INING TER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***		=		X39=			X78=	<u> </u>	
	FIRST PRESE	NTATIO	N OF MU	ILTIPLE DEF	PEND	ENT CLAIM		-		<del> </del>	OR			
								Ľ	130=		OR	+260=		
		, 						AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
. ]		(Colur				olumn 2) IGHEST	(Column 3)							
I I		REMAI AFT AMEND	NING ER MENT		PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		* ·		Minus	**		=	>	<b>(\$ 9=</b>		OR	X\$18=		
	Independent FIRST PRESEN	*		Minus	***		=	7	<39=		l	X78≃		
	- AIOT FRESE	TIATION	OF MU	LIPLE DEP	ENDE	NI CLAIM		$\vdash$			OR			
								+	130=			+260=		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## This Form is for INTERNAL PTO SE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: <u>C4/224</u>, 558

## Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		Total
Basic Filing Fee	201/101				•	6''	=	760
Total Claims >20	203/103	<u>27</u> -20 =	7_	х		10	=	126
Independent Claims >3	202/102	-3 =	4	x		78	=	468
Mult. Dep Claim Present	204/104						=	700
Surcharge	205/105					***		130
*English Translation	139						= ,	10,-
TOTAL FEE CALCULA	•					<u>.</u>		<u> </u>
Fees due upon filing t	he application:							
Total Filing Fees Due	= \$ 10	184		<del></del>			•	
Less Filing Fees Subn	nitted -\$			<del></del>	j			
BALANCE DUE	= \$ <u>//</u>	184						
Office of Initial Patent	C//13/49 Examination							

FORM OIPE-RAM-01 (Rev. 12/97)